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**EXHIBIT A**  
**REVISED FIRE PROOF OF CLAIM FORM**

UNITED STATES BANKRUPTCY COURT FOR  
THE NORTHERN DISTRICT OF CALIFORNIA  
SAN FRANCISCO DIVISION

In re:  
PG&E Corporation, and  
Pacific Gas and Electric Company,  
Debtors.

Chapter 11  
Case No. 19-30088 (DM)  
Jointly Administered

## Proof of Claim (Fire Claim Related)

Read the instructions before filing this claim form. This form is for tort claimants who have a claim against the Debtors (i.e. PG&E Corporation and Pacific Gas and Electric Company) that arose prior to the Debtors filing for bankruptcy (i.e. prior to January 29, 2019) and that arose from, or relates to, a fire. Do not use this form for non-fire claims. Non-fire tort claimants should use Form 410.

Do NOT file a fraudulent claim. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Please type or print in the spaces below. Do NOT use red ink or pencil.

### Part 1: Identify the Claim

**1. Who is the current creditor?**

Name of the current creditor (the person or entity to be paid for this claim)

**2. Are you filing on behalf of your family?**

Yes  
 No

If you checked "Yes", please provide the full name of each family member that you are filing on behalf of:

**3. Where should notices and payments to the creditor be sent?**

	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name _____ Attorney Name (if applicable) _____ Attorney Bar Number (if applicable) _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Email Address _____	Name _____ Attorney Name (if applicable) _____ Attorney Bar Number (if applicable) _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Email Address _____

**4. Does this claim amend one already filed?**

No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Part 2: Give Information About the Claim as of the Date the Case Was Filed

**5. What fire is the basis of your claim? Check all that apply.**

Camp Fire (2018)  
 North Bay Fires (2017)  
 Ghost Ship Fire (2016)  
 Butte Fire (2015)  
 Other (please provide date and brief description of fire): \_\_\_\_\_

<b>6. What are the loss location(s) where you and/or your family suffered harm? (e.g. home or business address, place of injury, place from which you were evacuated, if different).</b>	Location(s): _____ _____ _____
<b>7. How were you and/or your family harmed? Check all that apply.</b>	<input type="checkbox"/> Property Damage (homes, structures, personal property, land, trees, landscaping, and all other property damage) <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Occupant <input type="checkbox"/> Other (Please specify): _____ <input type="checkbox"/> Personal Injury <input type="checkbox"/> Wrongful Death (If checked, please provide the name of the deceased): _____ <input type="checkbox"/> Business Loss/Interruption <input type="checkbox"/> Lost wages and earning capacity <input type="checkbox"/> Loss of community and essential services <input type="checkbox"/> Agricultural loss <input type="checkbox"/> Other (Please specify) _____
<b>8. What damages are you and/or your family claiming/seeking?</b>	<input type="checkbox"/> Economic damages (including replacement cost of damaged property, diminution in value, loss of use, lost inventory, lost profits, and other economic damage) <input type="checkbox"/> Non-economic damages (including loss of society and support, loss of consortium, pain and suffering, emotional distress, annoyance and discomfort, and other non-economic damage) <input type="checkbox"/> Punitive, exemplary, and statutory damages <input type="checkbox"/> Attorney's fees and litigation costs <input type="checkbox"/> Interest <input type="checkbox"/> Any and all other damages recoverable under California law <input type="checkbox"/> Other (Please specify) _____
<b>9. How much is the claim?</b>	<input type="checkbox"/> To be determined in an amount according to proof

**Part 3:** Sign Below

**The person completing this proof of claim must sign and date it.**

**FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.**

**18 U.S.C. §§ 152, 157, and 3571.**

*Check the appropriate box:*

I am the creditor.  
 I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date \_\_\_\_\_  
MM / DD / YYYY

Signature \_\_\_\_\_

**Print the name of the person who is completing and signing this claim:**

Name	First Name	Middle Name	Last Name
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Title			
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Company	Identify the corporate servicer as the company if the authorized agent is a servicer		
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Address	Number	Street	
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City	State	ZIP Code
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# Instructions for Proof of Claim (Fire Claim Related)

United States Bankruptcy Court

**You may have a claim against the Debtors for monetary loss, personal injury (including death), or other asserted damages arising out of or related to a fire. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.**

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  
18 U.S.C. §§ 152, 157 and 3571.

## How to fill out this form:

- **Fill in all of the information about the claim as of the date this claim form is filed.**
- **If the claim has been acquired from someone else,** then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- **For a minor child, fill in only the child's initials and the full name of the child's parent or guardian.** For example, write *A.B., a minor child (John Doe, parent)*. See Bankruptcy Rule 9037.
- **You are not required to attach supporting documents to this form.** Many communities suffered significant, if not complete, ruin and destruction. Also, many individual claimants are displaced, lack the means for electronic and comprehensive communications and continue to have urgent priorities that make documentation requirements difficult and impractical. It is understood that supporting documents for many claimants have been destroyed or lost in the fires and that the reconstruction and retrieval process is slow or even underway. Supporting documents shall be gathered, maintained and provided at a later date as instructed by the Court.
- **Question 2.** Members of a family are not required to file a proof of claim as a family but can submit individual claim forms for each family member that has a tort claim against the debtors.
- **Question 6.** If you suffered property damage, then provide the street address of each real property parcel where you suffered property damage. If you were personally evacuated as the result of a fire, then provide the address or intersection closest to where you encountered the fire and began evacuation. If you suffered property damage and were evacuated from a different location, include both. If you were a renter, provide the address of your residence.
- **Question 7.** This question requests general statements of underlying facts relating to harm and is not intended to be ex

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## Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at <http://restructuring.primeclerk.com/pge>.

## Understand the terms used in this form

**Claim:** A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

**Creditor:** A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

**Debtor:** PG&E Corporation and Pacific Gas & Electric Company.

**Information that is entitled to privacy:** A *Proof of Claim* form must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

**Proof of Claim:** A form that shows the creditor has a tort claim against the debtors on or before the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

**Redaction of information:** Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

## Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

## Please send completed Proof(s) of Claim to:

PG&E Corporation Claims Processing Center c/o Prime Clerk LLC  
850 3rd Avenue, Suite 412  
Brooklyn, NY 11232

**Do not file these instructions with your form.**

**UNITED STATES BANKRUPTCY COURT FOR  
THE NORTHERN DISTRICT OF CALIFORNIA  
SAN FRANCISCO DIVISION**

In re:	Chapter 11 Case No. 19-30088 (DM) Jointly Administered
PG&E Corporation, and Pacific Gas and Electric Company, Debtors.	

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Please type or print in the spaces below. Do NOT use red ink or pencil.

**Part 1:**

Identify the Claim

1. Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)	
<b>2. Are you filing on behalf of your family?</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No           <div style="flex-grow: 1; margin-left: 10px;"> <u>If you checked "Yes", please provide the full name of each family member that you are filing on behalf of:</u>  <hr/><hr/><hr/><hr/><hr/><hr/> </div> </div> <div style="font-size: small; margin-top: 5px;"> <u>A family is a group of two or more people related by birth, marriage, domestic partnership, or adoption and residing together. All such people are considered as members of one family.</u> </div>		
<b>2-3. Where should notices and payments to the creditor be sent?</b> Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> Name _____ Attorney Name (if applicable) _____ Attorney Bar Number (if applicable) _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Email Address _____	<b>Where should payments to the creditor be sent? (if different)</b> Name _____ Attorney Name (if applicable) _____ Attorney Bar Number (if applicable) _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Email Address _____
<b>3-4. Does this claim amend one already filed?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	

**Part 2:** Give Information About the Claim as of the Date the Case Was Filed

<b>4-5. What fire is the basis of your claim? Check all that apply.</b>	<input type="checkbox"/> Camp Fire (2018) <input type="checkbox"/> North Bay Fires (2017) <input type="checkbox"/> Ghost Ship Fire (2016) <input type="checkbox"/> Butte Fire (2015) <input type="checkbox"/> Other (please provide date and brief description of fire): _____ <hr/>
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<p><b>6-6.</b> What are the loss location(s) where you and/or your family suffered harm? (e.g. home or business address, place of injury, place from which you were evacuated, if different).</p>	Location(s): <hr/> <hr/> <hr/>
<p><b>6-7.</b> How were you and/or your family harmed? Check all that apply.</p>	<input type="checkbox"/> Property Damage (homes, structures, personal property, land, trees, landscaping, and all other property damage) <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Occupant <input type="checkbox"/> Other (Please specify): _____ <input type="checkbox"/> Personal Injury <input type="checkbox"/> Wrongful Death (If checked, please provide the name of the deceased): _____ <input type="checkbox"/> Business Loss/Interruption <input type="checkbox"/> Lost wages and earning capacity <input type="checkbox"/> Loss of community and essential services <input type="checkbox"/> Agricultural loss <input type="checkbox"/> Other (Please specify) _____
<p><b>7-8.</b> What damages are you and/or your family claiming/seeking?</p>	<input type="checkbox"/> Economic damages (including replacement cost of damaged property, diminution in value, loss of use, lost inventory, lost profits, and other economic damage) <input type="checkbox"/> Non-economic damages (including loss of society and support, loss of consortium, pain and suffering, emotional distress, annoyance and discomfort, and other non-economic damage) <input type="checkbox"/> Punitive, exemplary, and statutory damages <input type="checkbox"/> Attorney's fees and litigation costs <input type="checkbox"/> Interest <input type="checkbox"/> Any and all other damages recoverable under California law <input type="checkbox"/> Other (Please specify) _____
<p><b>8-9.</b> How much is the claim?</p>	<input type="checkbox"/> To be determined in an amount according to proof

Part 3:

Sign Below

The person completing this proof of claim must sign and date it.  
FRBP 9011(b)

FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. FRBP 5005(a)(2) authorizes courts to establish local rules specifying A person who files a fraudulent claim could be fined up to \$500,000.

Check the appropriate box:

I am the creditor.  
 I am the creditor's attorney or authorized agent.  
 I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct. Executed on date \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct. MM/DD/YYYY

Name	First Name	Middle Name	Last Name
Title			
Company	Identify the corporate servicer as the company if the authorized agent is a servicer		
Address	Number	Street	
	City	State	ZIP Code
Contact phone	Email		

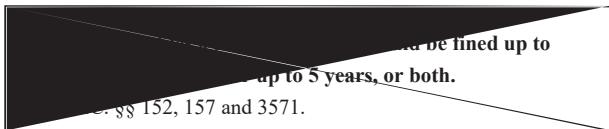
Name: \_\_\_\_\_

Title: \_\_\_\_\_

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- Question 5-2. Members of a family are not required to file a proof of claim as a family but can submit individual claim forms for each family member that has a tort claim against the debtors.
- Question 6. If you suffered property damage, then provide the street address of each real property parcel where you suffered property damage. If you were personally evacuated as the result of a fire, then provide the address or intersection closest to where you encountered the fire and began evacuation. If you suffered property damage and were evacuated from a different location, include both. If you were a renter, provide the address of your residence.
- Question 6-7. This question requests general statements of underlying facts relating to harm and is not intended to be exhaustive or preclusive.

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